

#### **HEALTH ANNUAL STATEMENT**

# FOR THE YEAR ENDING DECEMBER 31, 2005 OF THE CONDITION AND AFFAIRS OF THE

**Grand Valley Health Plan** 

NAIC Group Code	0000 Current Period)	0000 (Prior Period)	NAIC Company Code	95453	Employer's ID Number	38-2396958			
Organized under the La	,	,	n . State	e of Domicile or	Port of Entry	Michigan			
Country of Domicile				tes of America	· · · · · · · · · · · · · · · · · ·				
Licensed as business typ	e: Life, Accide	ent & Health [ ]	Property/Casualty	[ ] Dental	Service Corporation [ ]				
	Vision Serv	vice Corporation [			Maintenance Organization [	X1			
		· -	rvice or Indemnity [ ]		D, Federally Qualified? Yes [	-			
Incorporated/Organized		12/03/1981	Commence	ed Business _	02/05/19	82			
Statutory Home Office		829 Forest Hil	ls Ave SE		Grand Rapids, MI 49	546			
Statutory Fromo Cinio		(Street and N		_,	(City or Town, State and Zip				
Main Administrative Offic	e			Forest Hills Av	/e				
G	Grand Rapids, MI	49546	(	Street and Number)	616-949-2410-119				
(Ci	ity or Town, State and	. ,		(A	rea Code) (Telephone Number)				
Mail Address		orest Hills Ave SE and Number or P.O. Box)			Grand Rapids, MI 49546 (City or Town, State and Zip Code)				
Primary Location of Book	,	a (40111001 01 1 .O. 100X)		829 Fore	st Hills Ave				
•		40540			nd Number)				
	Grand Rapids, MI ity or Town, State and		<del></del>	(A	616-949-2410-116 rea Code) (Telephone Number)				
Internet Website Address			Ç	yvhp.com	• • • • • • • • • • • • • • • • • • • •				
Statutory Statement Con	tact	Roberta Lvnn F		•	616-949-2410-116				
•	fehrler@gvhp.o	(Name)			(Area Code) (Telephone Number) (E 616-949-9948	xtension)			
	(E-mail Address				(FAX Number)				
Policyowner Relations Co	ontact		829	Forest Hills Ave	SE				
•		,	nd Number)						
	Grand Rapids, MI ty or Town, State and			(Area Co	616-949-2410  ode) (Telephone Number) (Extension)				
					, , , , , , , , , , , , , , , , , , , ,				
Massa		<b>T</b> :u -	OFFICERS	Mana		Tiul -			
Name Roland Palme	r	Title Presider	nt	Name Thomas School	iten ,	Title Secretary			
Craig Thompso		Treasure		THOMAS COMOS	,,,	Scorolary			
			OTHER OFFICE	RS					
		DID	ECTORS OR TRU	ICTEEC					
Roland E Palm	er	Thomas W So		James T Kerb	y Luc	ille I Grimm			
Carole Nugent	#	Pamela L S	Silva	John B Miller		bert A Start			
Kathy L Lentz	<u>:</u>	Margaret Suc	dekum						
State of	Michigan		_						
County of	Kent		ss						
above, all of the herein desci this statement, together with of the condition and affairs o completed in accordance with that state rules or regulations respectively. Furthermore, th	ribed assets were the related exhibits, so if the said reporting the NAIC Annual is require differences a scope of this atternation.	he absolute property of hedules and explanati entity as of the repor Statement Instructions is in reporting not relati estation by the describ	of the said reporting entity, free ions therein contained, annexe rting period stated above, and s and Accounting Practices and ed to accounting practices and ed officers also includes the re	and clear from ar d or referred to is of its income and d Procedures man I procedures, acco elated correspondi	aid reporting entity, and that on the specific process of claims thereon, exception a full and true statement of all the deductions therefrom for the permal except to the extent that: (1) ording to the best of their informating electronic filing with the NAIC by be requested by various regular	t as herein stated, and the e assets and liabilities ar iod ended, and have bee state law may differ; or, (i tion, knowledge and belie by when required, that is a			
Roland Palmer President			Thomas Schouten Secretary		Craig Thompson Treasurer				
				a. Is th	nis an original filing?	Yes [X]No[			
Subscribed and sworn t				b. If no	ο,				
1 day	of <u>March</u>	, 2006		_	tate the amendment number ate filed	03/01/2006			
-					umber of pages attached				
Renay Ake Notary									
092908									

#### **EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

	1 / ((1) 112/121111 1(2)((() 0) 0 0 2 / ((1) 0) (() 1)										
1	2	3	4	5	6	7					
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted					
0199999 Total individuals	4,214	1,831	2,360								
Group subscribers:	·	·	·								
Sara Lee Bakery	41,642		1,633								
Meijer Stores	28,636					28.636					
IOPM Feds											
St. Johns Home.	43,073		1,923			44,996					
Spectrum	17,569		4,275			21,844					
Ikon Office.	12,356	982	1,856			15, 194					
ACI Parts	10,399		· · · · · · · · · · · · · · · · · · ·			10,399					
Wolverine World Wide	51,463					51,463					
Porter Hills	41,512	2.799				44,311					
Rockford Chamber	3,534	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2,722	6.932		13,188					
Groups with balances \$5,000 to \$10,000.	45,912		1.999	,,,,,		47,911					
Groups with balances under \$5,000.			11,212	4.763		73,968					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
0299997 Group subscriber subtotal	711,508	41.013	.25,620	11.695	0	.789,836					
0299998 Premiums due and unpaid not individually listed	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		20,020								
0299999 Total group	711,508	41.013	25,620	11.695	n	789.836					
0399999 Premiums due and unpaid from Medicare entities			20,020								
0499999 Premiums due and unpaid from Medicaid entities											
0599999 Accident and health premiums due and unpaid (Page 2, Line 13)	715,722	42.844	27,980	11,695	0	798,241					
2000000 monature and modern premiums due and unpaid (1 age 2, Line 10)	710,722	72,044	21,900	11,033	0	730,241					

## **EXHIBIT 3 - HEALTH CARE RECEIVABLES**

EXHIBIT O - HEAETH CARL RECEIVABLEC											
1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted					
Individually Listed Receivables: Claims Reimbursement. Wyeth RX. MedImpact. Amerinet Central.						400					
Claims keimbursement. Weith RX	128 8,333		8,334								
Wed Impact	5,000 5,000 3,448					5,000					
Amerinet Central											
0199999 -	16,909	8,333	8,334			33,5/6					
	<b>†</b>					-					
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0799999 Gross health care receivables	16,909	8,333	8,334			33,576					

# **EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

Aging Analysis of Unpaid Claims											
1	2	3	4	5	6	7					
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total					
Claims Unpaid (Reported)											
040000 Individually listed distress used		Λ	Λ	Λ	Λ	Λ					
0199999 Individually listed claims unpaid		216,654	134,780	46 , 189	76,963	700,057					
0399999 Aggregate accounts not individually listed-covered	1,046,003	775,791	372,406	212,987	394,125	2,801,312					
049999 Subtotals	1,271,474	992,445	507,186	259,176	471,088	3,501,369					
0599999 Unreported claims and other claim reserves	.,,	002,110	55. , .55	200 , 11 0	,000	2,422,894					
0699999 Total amounts withheld						=, :==, **					
0799999 Total claims unpaid						5,924,263					
0899999 Accrued medical incentive pool and bonus amounts						0					

#### **EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

	2	3	4	5	6	Adm	itted
	_	-				7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Individually Listed Receivables: Grand Valley Health Management	1,386					1,386	0
0199999 Individually listed receivables 0299999 Receivables not individually listed	1,386 0	0	0	0	0	1,386 0	0
0399999 Total gross amounts receivable	1,386	0	0	0	0	1,386	0

# EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Grand Valley Health Corp	ESOP Payments, Admin, and Malpractice	97,891	97,891	
Grand Valley Health Facilities	December rent payments	133,427	133,427	
Grand Valley Technology Services	Great Plains charges	6,115	6,115	
		007 400	007 400	
0199999 Individually listed payables		237 , 433	237,433	
UZ99999 Payables not individually listed		007 400	007 400	^
0399999 Total gross payables		237,433	237,433	0

#### **EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total	3 Total Members Covered	4 Column 3 as a % of Total	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:  1. Medical groups	245.574	0.6	193.573	1 245 2		245.574
2. Intermediaries	0	0.0		.0.0		
3. All other providers	0	0.0		0.0		
Total capitation payments	245,574	0.6	193,573	1,245.2	0	245,574
Other Payments:	3.016.391	7.0	<b>V00</b> /	<b>V00</b> /	2 046 204	
Fee-for-service     Contractual fee payments	19,638,632		XXX	XXX XXX	3 , 016 , 391 19 . 638 . 632	
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX	10,000,002	
Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	19,084,089	45.5	XXX	XXX	19,084,089	
10. Aggregate cost arrangements	.l		XXX	XXX		
11. All other payments	41,739,112	0.0 99.4	XXX XXX	XXXXXX	41,739,112	Λ
12. Total other payments  13. TOTAL (Line 4 plus Line 12)	41,739,112	100 %	XXX	XXX	41,739,112	245,574

#### **EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

	EXHIBIT 1-1 AITI 2-30MMATTI OF THANSAOTIONS	· · · · · · · · · · · · · · · · · · ·			
1	2	3	4 Average Monthly Capitation	5	6 Intermediary's Authorized Control Level RBC
			Monthly	Intermediary's	Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Intermediary's Total Adjusted Capital	Control Level RBC
		•		•	
			<b>†</b>		
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			<b>†</b>		
9999999 Totals		0	XXX	XXX	XXX

# EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	1,248,644		1,221,626	27,018	12,979	14,039
Medical furniture, equipment and fixtures	1 , 444 , 158		1,294,600	149,558	65,770	83,788
3. Pharmaceuticals and surgical supplies	495 , 282			495,282		495,282
Durable medical equipment						
5. Other property and equipment						
6. Total	3,188,084	0	2,516,226	671,858	78,749	593,109



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Grand Valley Health Plan

NAIC Group Code 0000 BUSINESS IN THE STATE O	Michigan			1	DURING THE YE	AR 2005				(LOCA	TION) NAIC Compa	nv Code	95453
	1	Compre (Hospital 8		4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	17 ,946	229	15,924				1,793						
2 First Quarter	16,333	223	14 , 425				1,685						
3 Second Quarter	16 , 105	221	14 , 227				1,657						
4. Third Quarter	15,792	207	13,967				1,618						
5. Current Year	15,546	183	13,712				1,651						
6 Current Year Member Months	193,573	2,545	170,355				20,673						
Total Member Ambulatory Encounters for Year:													
7. Physician	16 , 564	246	14,206				2,112						
8. Non-Physician	53,379	794	45,778				6,807						
9. Total	69,943	1,040	59,984	0	0	0	8,919	0	0	0	0	0	(
10. Hospital Patient Days Incurred	3,504	52	3,005				447						
11. Number of Inpatient Admissions	902	13	774				115						
12. Health Premiums Written	45,603,185	677 , 483	39 , 120 , 311				5,805,391						
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	45,315,391	669,073	38 , 840 , 927				5,805,391						
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	41,985,406	552,003	36,949,491				4,483,912						
18. Amount Incurred for Provision of Health Care Services	42,310,303	629,342	36,285,420				5,395,541						

(a) For health business: number of persons insured under PPO managed care products



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Grand Valley Health Plan

2. \_\_\_

(LOCATION)  AIC Group Code 0000 BUSINESS IN THE STATE OF Consolidated DURING THE YEAR 2005 NAIC Company Code 95453											95453		
NAIC Group Code 0000 BUSINESS IN THE STATE O	F Consolidated	Compre	hensive	Ī	DURING THE YEA	AR 2005	1			1	NAIC Compai	ny Code	95453
	1	(Hospital		4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	17,946	229	15,924	0	0	0	1,793	0	0	0	0	0	
2 First Quarter	16,333	223	14,425	0	0	0	1,685	0	0	0	0	0	
3 Second Quarter	16 , 105	221	14,227	0	0	0	1,657	0	0	0	0	0	
4. Third Quarter	15,792	207	13,967	0	0	0	1,618	0	0	0	0	0	
5. Current Year	15,546	183	13,712	0	0	0	1,651	0	0	0	0	0	
6 Current Year Member Months	193,573	2,545	170,355	0	0	0	20,673	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:													
7. Physician	16 , 564	246	14,206	0	0	0	2,112	0	0	0	0	0	
8. Non-Physician	53,379	794	45,778	0	0	0	6,807	0	0	0	0	0	
9. Total	69,943	1,040	59,984	0	0	0	8,919	0	0	0	0	0	
10. Hospital Patient Days Incurred	3,504	52	3,005	0	0	0	447	0	0	0	0	0	
11. Number of Inpatient Admissions	902	13	774	0	0	0	115	0	0	0	0	0	
12. Health Premiums Written	45,603,185	677 , 483	39,120,311	0	0	0	5,805,391	0	0	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	45,315,391	669,073	38,840,927	0	0	0	5,805,391	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	41,985,406	552,003	36,949,491	0	0	0	4,483,912	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	42,310,303	629,342	36,285,420	0	0	0	5,395,541	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 0\_\_\_\_\_\_and number of persons under indemnity only products \_\_\_\_\_0

#### **SCHEDULE A - VERIFICATION BETWEEN YEARS**

Real Estate

1.	Book/adjusted carrying value, December 31, prior year.	1,296,093
	Increase (decrease) by adjustment:	
	2.1 Totals, Part 1, Column 11	(44,259)
	2.1 Totals, Part 1, Column 11	0
3.	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)	0
4.	Cost of additions and permanent improvements:	
	4.1 Totals, Part 1, Column 14.	0
	4.2 Totals, Part 3, Column 9	0
5.	4.2 Totals, Part 3, Column 9  Total profit (loss) on sales, Part 3, Column 14	0
6.	Increase (decrease) by foreign exchange adjustment:	
	6.1 Totals, Part 1, Column 12	0
	6.2 Totals, Part 3, Column 8	0
	Amounts received on sales, Part 3, Column 11 and Part 1, Column 13	
8.	Book/adjusted carrying value at end of current period	
9.	Total valuation allowance	
10.	Subtotal (Lines 8 plus 9)	1,251,834
11.	Total nonadmitted amounts	115,936
12.	Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	1,135,898

#### **SCHEDULE B - VERIFICATION BETWEEN YEARS**

Mortgage Loans

1.	Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year
2.	Amount loaned during year:
	2.1 Actual cost at time of acquisitions
	2.2 Additional investment made after acquisitions
3.	Accrual of discount and mortgage interest points and commitment fees
4.	Increase (decrease) by adjustment
5.	Total profit (loss) on sale
6.	Amounts paid on account or in full during the year
	Amortization of premium
8.	Increase (decrease) by foreign exchange adjustment
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period
10.	Total valuation allowance
11.	Subtotal (Lines 9 plus 10)
	Total nonadmitted amounts
13.	Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column).

#### **SCHEDULE BA - VERIFICATION BETWEEN YEARS**

Long-Term Invested Assets

1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	649
2.	Cost of acquisitions during year:	
	2.1 Actual cost at time of acquisitions	
	2.2 Additional investment made after acquisitions	0
3.	Accrual of discount	
4.	Increase (decrease) by adjustment(9,	261)
5.	Total profit (loss) on sale	0
6.	Amounts paid on account or in full during the year	
7.	Amortization of premium	
8.	Increase (decrease) by foreign exchange adjustment	
9.	Book/adjusted carrying value of long-term invested assets at end of current period	388
10.	Total valuation allowance	
11.	Subtotal (Lines 9 plus 10)	
12.		
13.	Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3)	388

# Schedule D - Part 1A - Section 1 NONE

Schedule D - Part 1A - Section 2

NONE

## **SCHEDULE DA - PART 2 - VERIFICATION BETWEEN YEARS**

Short-To	erm Investments				
	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets(a)	Investments in Parent, Subsidiaries and Affiliates
Book/adjusted carrying value, prior year	1,043,133	0	0	1,043,133	C
Cost of short-term investments acquired	0				
3. Increase (decrease) by adjustment	32,226			32,226	
Increase (decrease) by foreign exchange adjustment	0				
Total profit (loss) on disposal of short-term investments	0				
6. Consideration received on disposal of short-term investments	0				
7. Book/adjusted carrying value, current year	1,075,359	0	0	1,075,359	(
8. Total valuation allowance	0				
9. Subtotal (Lines 7 plus 8)	1,075,359	0	0	1,075,359	(
10. Total nonadmitted amounts	0				
11. Statement value (Lines 9 minus 10)	1,075,359	0	0	1,075,359	(
12. Income collected during year	0				
13. Income earned during year	0				

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

Schedule DB - Part A - VBY

NONE

Schedule DB - Part B - VBY NONE

Schedule DB - Part C - VBY NONE

Schedule DB - Part D - VBY

NONE

Schedule DB - Part E - VBY NONE

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule S - Part 1 - Section 2

NONE

## **SCHEDULE S - PART 2**

	Reins	urance Recoverat	ole on Paid and Unpaid Losses Listed by Re	insuring Company as of December 31, Cu	rrent Year	
1 NAIC Company	2 Federal ID	3	4	5	6	7
Company Code	Number 95-2371728	Effective Date07/01/2005	Name of Company Ace American Insurance Co.	Location Pennsylvania	Paid Losses318,367	Unpaid Losse
0599999 - Acci	dent and Health	- Non-Affiliates			318.367	
0699999 - 10ta	ıls - Accident an	d Health		Г	318,367	
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# **SCHEDULE S - PART 3 - SECTION 2**

	Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year											
1	2	3	4	5	6	7	8	9	Outstanding 9	Surplus Relief	12	13
NAIC								Reserve Credit	10	11	Modified	
Company	Federal ID						<b>Unearned Premiums</b>	Taken Other than for			Coinsurance	Funds Withheld
Code	Number	Effective Date	Name of Company	Location	Type	Premiums	(estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
22667	95-2371728	07/01/2005	Ace American Insurance Company	Pennsylvania	SSL/1/L		0	0	0	0	0	0
0199999	- Total Affiliate			•	•	485,765						
						• • • • • • • • • • • • • • • • • • • •						
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		•			<b>†</b>	•		• • • • • • • • • • • • • • • • • • • •				
0399999	Totals	•	•			485,765						
0000000	, i olais					400,700	I				I	I

# **SCHEDULE S - PART 4**

	Reinsurance Ceded to Unauthorized Companies												
1	2	3	4	5	6	7	8	9	10	11	12	13	14 Sum of Cols.
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total Cols. (5+6+7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	9+10+11+12+13 But Not in Excess of
} <del> </del>													
									<b>†</b>			<b>†</b>	
1100000	T-4-1-												-
1199999	ıotais												

# Schedule S-Part 5 Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

(000 Offitted)										
		1 2005	2 2004	3 2003	4 2002	5 2001				
Α. (	DPERATIONS ITEMS									
1.	Premiums	486	685	410	333	306				
2.	Title XVIII-Medicare	0	0	0	0	0				
3.	Title XIX-Medicaid	0	0	0	0	0				
4.	Commissions and reinsurance expense allowance		0	0	0	0				
5.	Total hospital and medical expenses		0	0	0	0				
В. І	BALANCE SHEET ITEMS									
6.	Premiums receivable		0	0	0	0				
7.	Claims payable		0	0	0	0				
8.	Reinsurance recoverable on paid losses	318	563	587	525	108				
9.	Experience rating refunds due or unpaid		0	0	0	0				
10.	Commissions and reinsurance expense allowances unpaid		0	0	0	0				
11.	Unauthorized reinsurance offset	0	0	0	0	0				
<b>C.</b> I	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)									
12.	Funds deposited by and withheld from (F)	0	0	0	0	0				
13.	Letters of credit (L)	0	0	0	0	0				
14.	Trust agreements (T)	0	0	0	0	0				
15.	Other (O)	0	0	0	0	0				

# **SCHEDULE S-PART 6**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	nestatement of balance sheet to iden	1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 10)	10,145,446		10 , 145 , 446
2.	Accident and health premiums due and unpaid (Line 13)	798,241		798,241
3.	Amounts recoverable from reinsurers (Line 14.1)	318,367		318,367
4.	Net credit for ceded reinsurance	xxx	318,367	318,367
5.	All other admitted assets (Balance)	1,603,367		1,603,367
6.	Total assets (Line 26)	12,865,421	318,367	13,183,788
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	5,924,263	0	5,924,263
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	446,350		446,350
10.	Reinsurance in unauthorized companies (Line 18)	0		(
11.	All other liabilities (Balance)	1,587,396		1,587,396
12.	Total liabilities (Line 22)	7,958,009	0	7,958,009
13.	Total capital and surplus (Line 31)	4,907,410	XXX	4,907,410
14.	Total liabilities, capital and surplus (Line 32)	12,865,419	0	12,865,419
	NET CREDIT FOR CEDED REINSURANCE			
15.	Claims unpaid	0		
16.	Accrued medical incentive pool.	0		
17.	Premiums received in advance	0		
18.	Reinsurance recoverable on paid losses	318,367		
19.	Other ceded reinsurance recoverables	0		
20.	Total ceded reinsurance recoverables	318,367		
21.	Premiums receivable	0		
22.	Unauthorized reinsurance	0		
23.	Other ceded reinsurance payables/offsets	0		
24.	Total ceded reinsurance payable/offsets	0		
25.	Total net credit for ceded reinsurance	318,367		

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# SCHEDULE Y PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

	PART 2 - SUMMARY OF INSURER S TRANSACTIONS WITH ANY AFFILIATES											
1	2	3	4	5	6	7 Income/	8	9	10	11	12	13
NAIC Company	Federal ID		Shareholder	Capital	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other	(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any	Management Agreements and	Income/ (Disbursements) Incurred Under Reinsurance		Any Other Material Activity Not in the Ordinary Course of the Insurer's		Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
	38-3265342 38-3247943 38-3247950 38-2396958 38-3668000	Grand Valley Health Management Grand Valley Health Facilities Grand Valley Health Facilities Grand Valley Health Plan. Grand Valley Technical Services.				· ···········(0)	830 900	· · · · · · · · · · · · · · · · · · ·			830.900	
	38-3247943	Grand Valley Health Management					(8.256)				(8.256)	
	38-3247950	Grand Valley Health Facilities					1.904.393				1.904.393	
95453	38-2396958	Grand Valley Health Plan.					3.821.721				3.821.721	
	38-3668000	Grand Valley Technical Services.					1,094,684				1,094,684	
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				•								
9999999 Cd	ontrol Totals		0	0	0	0	7,643,442	0	XXX	0	7,643,442	0

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory

1000	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	
3.	Will the Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the Risk-based Capital be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Investment Risks Interrogatories be filed by April 1?	YES
	JUNE FILING	
7.	Will an audited financial report be filed by June 1?	YES
vhich t	llowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of <b>NO</b> to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code ment is required of your company but is not filed for whatever reason enter <b>SEE EXPLANATION</b> and provide an explanation following the interro	will be printed below. If the
	MARCH FILING	
8.	·	NO
9.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	N0
10.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
11.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
	APRIL FILING	
12.		NO
13.	·	NO
14.	Will the Supplemental Property/Casualty data due April 1 be filed with the state of domicile and the NAIC?  ANATION:	NO
<ul><li>1.</li><li>2.</li><li>3.</li><li>4.</li></ul>		
BAR C	CODE:	
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